

**CROTON-HARMON UFSD**  
**10 Gerstein Street; Croton-on-Hudson, NY 10520**

**Expense Reimbursement**  
**CLAIM FORM**

Mileage reimbursement rate - 56¢ per mile Rate effective Jan. 2021.
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Vendor/Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Quantity	Description – All expenses must be accompanied by receipts. travel expense claims MUST include locations to and from, reason for travel, date of travel and distance	Unit Price	Amount

Requisitioned by:	Total Payment \$
Authorized Administrator Approval:	Purchase Order #
Authorized Purchasing Agent Approval:	OK to Pay

**TYPE OF PAYMENT**

Issue & Pay	Vendor No.
Partial	BUDGET CODE:
Full	
Audit	